



## Lung function from school age to adulthood in primary ciliary dyskinesia

Florian S. Halbeisen<sup>1,2,27</sup>, Eva S.L. Pedersen <sup>1,2,27</sup>, Myrofora Goutaki <sup>1,3</sup>, Ben D. Spycher<sup>1</sup>, Israel Amirav <sup>4,5,6</sup>, Mieke Boon<sup>7</sup>, Malena Cohen-Cymberknoh<sup>8</sup>, Suzanne Crowley <sup>9</sup>, Nagehan Emiralioglu <sup>10</sup>, Eric G. Haarman<sup>11</sup>, Bulent Karadag<sup>12</sup>, Cordula Koerner-Rettberg<sup>13</sup>, Philipp Latzin <sup>3,14</sup>, Michael R. Loebinger<sup>15</sup>, Jane S. Lucas <sup>16</sup>, Henryk Mazurek<sup>17</sup>, Lucy Morgan <sup>18</sup>, June Marthin <sup>19</sup>, Petr Pohunek <sup>20</sup>, Francesca Santamaria <sup>21</sup>, Nicolaus Schwerk<sup>22</sup>, Guillaume Thouvenin <sup>23,24</sup>, Panayiotis Yiallouros<sup>25</sup>, Kim G. Nielsen<sup>19,26</sup> and Claudia E. Kuehni <sup>11,3</sup>

Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland. <sup>2</sup>Basel Institute for Clinical Epidemiology and Biostatistics, Dept of Clinical Research, University Hospital Basel, University of Basel, Basel, Switzerland. <sup>3</sup>Division of Paediatric Respiratory Medicine and Allergology, Dept of Paediatrics, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland. <sup>4</sup>The PCD Israeli Consortium. <sup>5</sup>Dept of Pediatrics, Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. <sup>6</sup>Dept of Pediatrics, University of Alberta, Edmonton, AB, Canada. <sup>7</sup>Dept of Paediatrics, University Hospital Gasthuisberg, Leuven, Belgium. <sup>8</sup>Pediatric Pulmonology Unit and Cystic fibrosis Center, Hadassah Medical Center and Faculty of Medicine, Hebrew University of Jerusalem, Jerusalem, Israel. <sup>9</sup>Paediatric Dept of Allergy and Lung Diseases, Oslo University Hospital, Oslo, Norway. <sup>10</sup>Dept of Pediatric Pulmonology, Hacettepe University Faculty of Medicine, Ankara, Turkey. <sup>11</sup>Dept of Pediatric Pulmonology, Emma Children's Hospital, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands. <sup>12</sup>Dept of Pediatric Pulmonology, Marmara University, School of Medicine, Istanbul, Turkey. <sup>13</sup>Dept of Paediatric Pneumology, University Children's Hospital of Ruhr University Bochum, Bochum, Germany. <sup>14</sup>On behalf of the Swiss PCD Group. <sup>15</sup>Host Defence Unit, Royal Brompton and Harefield NHS Foundation Trust and Imperial College London, London, UK. <sup>16</sup>Primary Ciliary Dyskinesia Centre, NIHR Respiratory Biomedical Research Centre, University of Southampton and University Hospital, Southampton, UK. <sup>17</sup>Dept of Pneumonology and Cystic Fibrosis, Institute of Tuberculosis and Lung Disorders, Rabka – Zdrój, Poland. <sup>18</sup>Dept of Respiratory Medicine, Concord Hospital Clinical School, University of Sydney, Australia. <sup>19</sup>Danish PCD Centre Copenhagen, Paediatric Pulmonary Service, Copenhagen University Hospital, Copenhagen, Denmark. <sup>20</sup>Paediatric Dept, 2nd Faculty of Medicine, Charles University Prague and Universi

Corresponding author: Claudia E. Kuehni (claudia.kuehni@ispm.unibe.ch)



Shareable abstract (@ERSpublications)
Lung function in children with PCD is reduced by the age of 6 years and further declines during the growth period. It is essential to develop strategies to improve prognosis. https://bit.ly/34EBekm

Cite this article as: Halbeisen FS, Pedersen ESL, Goutaki M, et al. Lung function from school age to adulthood in primary ciliary dyskinesia. Eur Respir J 2022; 60: 2101918 [DOI: 10.1183/13993003.01918-2021].

This single-page version can be shared freely online.

## **Abstract**

Copyright ©The authors 2022.

This version is distributed under the terms of the Creative Commons Attribution Non-Commercial Licence 4.0. For commercial reproduction rights and permissions contact permissions@ersnet.org

Received: 8 July 2021 Accepted: 26 Feb 2022





Primary ciliary dyskinesia (PCD) presents with symptoms early in life and the disease course may be progressive, but longitudinal data on lung function are scarce. This multinational cohort study describes lung function trajectories in children, adolescents and young adults with PCD. We analysed data from 486 patients with repeated lung function measurements obtained between the age of 6 and 24 years from the International PCD Cohort and calculated z-scores for forced expiratory volume in 1 s (FEV<sub>1</sub>), forced vital capacity (FVC) and FEV<sub>1</sub>/FVC ratio using the Global Lung Function Initiative 2012 references. We described baseline lung function and change of lung function over time and described their associations with possible determinants in mixed-effects linear regression models. Overall, FEV<sub>1</sub>, FVC and FEV<sub>1</sub>/FVC z-scores declined over time (average crude annual FEV<sub>1</sub> decline was -0.07 z-scores), but not at the same rate for all patients. FEV<sub>1</sub> z-scores improved over time in 21% of patients, remained stable in 40% and declined in 39%. Low body mass index was associated with poor baseline lung function and with further decline. Results differed by country and ultrastructural defect, but we found no evidence of differences by sex, calendar year of diagnosis, age at diagnosis, diagnostic certainty or laterality defect. Our study shows that on average lung function in PCD declines throughout the entire period of lung growth, from childhood

to young adult age, even among patients treated in specialised centres. It is essential to develop strategies to reverse this tendency and improve prognosis.